STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032163	A. BUILDING: _____ B. WING _____	R 01/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACE HEALTHCARE SERVICES III	3007 DEARBORN DRIVE DURHAM, NC 27704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on January 20, 2020.	{C 000}		
{C 140}	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 2 sampled staff (Staff A) completed a two-step tuberculosis (TB) skin test with control measures adopted by the Commission for Health Services.	{C 140}		

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{C 140}	Continued From page 1 The findings are: Review of Staff A's, medication aide (MA), personnel record revealed: -Staff A was hired on 06/01/19. -There was documentation of a TB skin test placed on 10/23/17 and read as negative on 10/25/17. -There was documentation of a TB skin test placed on 09/23/19 and read as negative on 09/25/19. -There was no documentation of a second TB skin test after 09/25/19. Interview with Staff A on 01/20/20 at 8:47am revealed: -He had a TB skin test completed after he started working at this facility, but he could not recall the date. -He had not had a second TB skin test since the first TB skin test. -He thought the Administrator told him to get a second TB skin test, but he did not recall the date. Interview with the Administrator on 01/20/20 at 9:09am revealed: -She was responsible for making sure staff completed all required paperwork. -She knew staff were required to have a two-step TB skin test at the time of employment. -She thought the TB skin test Staff A had on 10/25/17 counted as the first TB skin test and the TB skin test on 09/25/19 was the second step TB skin test. -She did not know the TB skin test completed on 10/25/17 could not be used for the first TB skin test. -She would have Staff A get a second TB skin	{C 140}		

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{C 140}	Continued From page 2 test immediately.	{C 140}		